

eason for Submittal (Select only one.)					
Obtaining or updating an EPA ID number time. (Includes HSM activity)	er for an on-go	oing regulated act	ivity that will cont	inue for a p	eriod of
Submitting as a component of the Haza	rdous Waste	Report for	(Reporting	Year)	
Site was a TSD facility and/or g waste, or > 100 kg of acute ha (or State equivalent LQG regul	zardous waste				
Notifying that regulated activity is no lo	nger occurrin	g at this Site			
Obtaining or updating an EPA ID number	er for conduct	ing Electronic Ma	nifest Broker activ	rities	
Submitting a new or revised Part A Forr	n				
				RCRA	
TAROO502	187			594355	
te Name				394333	
Vetter Equipment					
te Location Address					
Street Address 2310 10Wa	Avenue	2			
City, Town, or Village			County Mo	nona	
State Jowa Country US	3A		Zip Code 5	040	
te Mailing Address			M's	, Same as Loca	ation Address
Street Address					
City, Town, or Village	h				
State Country			Zip Code		
te Land Type					
Private County District	Federal	Tribal	Municipal [State	Other
orth American Industry Classification System (NAIC	S) Code(s) for	the Site (at least	5-digit codes)		
A. (Primary) 81(3)		C.			
В.		D.		F	RECEIV

Number TAR000	502187	OMB# 2050-0024; Expires 05/31/202
Contact Information		Same as Location Addre
First Name Dave	MI	Last Name Madsen
Title Store directo		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email dmadsen@vett	eceania, com	
Phone 712-423-1069	Ext	Fax 712-423-3018
A. Name of Site's Legal Owner Full Name		Same as Location Addr
Vetter Equipm	vent	bute became owner (mm, ad, 1717)
Owner Type	MIT.	
Private County Distric	t Federal Tribal	Municipal State Other
Street Address (alo 14th	Avenue South	
City, Town, or Village Denisor	711010000011	
State lowe	Country USA	Zip Code 51442
Email Quetter @ Vette		
Phone (12) 263 - 4637	Ext (O)	Fax (712) 263-5558
Comments	7	
B. Name of Site's Legal Operator		Same as Location Addr
Full Name See abov	e /	Date Became Operator (mm/dd/yyy
Operator Type Private County Distric		Municipal State Other
Street Address		
City, Town, or Village		
		7:- 6-4-
State	Country	Zip Code
State Email	Country	Zip Code

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

Α.	Hazard	ous	Waste	Activities
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A. Hazardous	, waste A	ctivities					
VY □N	1. Gen	erator of Ha	azardous Waste—	If "Yes", mark onl	y one of the follo	wing—a, b, c	
		a. LQG	1,000 kg/mo (2,2 - Generates, in ar (2.2 lb/mo) of acu - Generates, in ar	00 lb/mo) or more ny calendar month ute hazardous was	e of non-acute ha n, or accumulates ste; or n or accumulates a	ies imported by ir zardous waste; or at any time, more at any time, more al.	than 1 kg/mo
		b. SQG		ute hazardous wa		hazardous waste than 100 kg (220 l	and no more than b) of any acute
		c. VSQG	Less than or equa	al to 100 kg/mo (2	20 lb/mo) of non-	-acute hazardous	waste.
If "Yes" abov	e, indicat	e other gen	erator activities in	2 and 3, as applic	cable.		
□Y ☑Ñ			nerator (generates ", provide an expl			ent and not from o	on-going
Y N	3. Mix	ed Waste (h	azardous and rad	ioactive) Generate	or	1 1990	
□Y ☑N		ater, Storer activities.	or Disposer of Ha	zardous Waste—N	lote: A hazardous	waste Part B peri	mit is required for
TY N	5. Rec	eives Hazaro	dous Waste from (Off-site			
Y N	6. Recy	cler of Haza	ordous Waste				
		a. Recycler	who stores prior	to recycling			
			who does not sto				
Y VN	7. Exen	npt Boiler a	nd/or Industrial Fu	urnace—If "Yes", r	mark all that apply	y .	
		a. Small Qu	uantity On-site Bu	rner Exemption			
		b. Smelting	g, Melting, and Re	fining Furnace Exe	emption		
	our site. I	ist them in	the order they are			es of the Federal h D001, D003, F007	
D001							
	-						
	ed at your					aste codes of the s s. Use an addition	
Spaces are nec	T						
	_						

itional Regulat	ed Wa	OMB# 2050-0024; Expires 05/31/20 OMB# 2050-0024; Expires 05/31/20 OMB# 2050-0024; Expires 05/31/20
A. Other Was		The state of the s
Y N	1. Tr	ansporter of Hazardous Waste—If "Yes", mark all that apply.
	Ī	a. Transporter
	Ē	b. Transfer Facility (at your site)
NY N	2. U	Inderground Injection Control
YVN	3. U	nited States Importer of Hazardous Waste
TY N	4. R	ecognized Trader—If "Yes", mark all that apply.
		a. Importer
		b. Exporter
□Y √N	5. Ir that	nporter/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark apply.
		a. Importer
		b. Exporter
B. Universal V	1. Lar	Activities ge Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that Note: Refer to your State regulations to determine what is regulated.
	П	a. Batteries
	$\overline{\sqcap}$	b. Pesticides
	П	c. Mercury containing equipment
		d. Lamps
		e. Other (specify)
		f. Other (specify)
		g. Other (specify)
	2. D activit	estination Facility for Universal Waste Note: A hazardous waste permit may be required for this y.
C. Used Oil Ad	ctivitie	es
Y N	1. Use	ed Oil Transporter—If "Yes", mark all that apply.
		a. Transporter
		b. Transfer Facility (at your site)
DY ØN	2. Use	d Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
		a. Processor
	币	b. Re-refiner
TY N	3. Off	-Specification Used Oil Burner
	4. Use	d Oil Fuel Marketer—If "Yes", mark all that apply.
	П	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burn
***************************************	一	b. Marketer Who First Claims the Used Oil Meets the Specifications

_	nic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazard 0 40 CFR 262 Subpart K.
N N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
	1. College or University
	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
Y V	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.
3. Episodic Gene	ration
	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
I. LQG Consolida	ation of VSQG Hazardous Waste
□	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
. Notification o	LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
DY V	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
	A. Central Accumulation Area (CAA) Tentire Facility
	B. Expected closure date: mm/dd/yyyy
	C. Requesting new closure date: mm/dd/yyyy
	D. Date closed : mm/dd/yyyy
	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)
. Notification of	Hazardous Secondary Material (HSM) Activity
	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation or site.
7. Electronic Mai	nifest Broker
DY N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

AR0005021

EPA ID Number

S. Comments (include item number for each comment)	
9. Certification I certify under penalty of law that this document and all ervision in accordance with a system designed to assure that qualified peubmitted. Based on my inquiry of the person or persons who manage the ring the information, the information submitted is, to the best of my knoware that there are significant penalties for submitting false information, nowing violations. Note: For the RCRA Hazardous Waste Part A permit AFR 270.10(b) and 270.11).	ersonnel properly gather and evaluate the information system, or those persons directly responsible for gaw wledge and belief, true, accurate, and complete. I are including the possibility of fines and imprisonment
	T
Signature of legal owner, operator of authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	4/01/20
Gen A Vetter	Presiden+
Email a vetter @ vetter equip. com	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	L

EPA ID Number

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MAY 1 2 2020

ECAD/CHEMICAL

OMB# 2050-0024; Expires 05/31/2020



1. Reaso	on for Submittal (Select only o	ne.)		Additional Property and Additi			
	Obtaining or updating time. (Includes HSM		per for an on-go	ing regulated a	ctivity that will co	ntinue for a pe	riod of
	Submitting as a com	ponent of the Haz	ardous Waste	Report for	(Reportin	g Year)	
	waste, or >	rSD facility and/or 100 kg of acute h Julyalent LQG reg	azardous waste	1,000 kg of haz spill cleanup in	ardous waste, > 1 one or more mo	kg of acute ha	zardous orting year
	Notifying that regula	ated activity is no	longer occurrin	g at this Site		Oppränse Vision State Present in Heriotekan mentekatura	
	Obtaining or updath	ng an EPA ID num	ber for conduct	ing Electronic N	fanlfest Broker ac	tivities	
	Submitting a new or	revised Part A Fo	rm				
2. Site i	EPA ID Number						
	TAROOC	502	187				
3. Site!	Name		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	Vetter Equi	pment			agga (1805), stranga kanasaya katalan kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan		
4. Site	Location Address	1					
	Street Address 231	o lowa	Avenue	2			
	City, Town, or Village	awa			County L	lonona	۰
	State Towo	Country 1	18A		Zip Code	51040	
5. Site	Mailing Address					Same as Loca	ation Address
	Street Address						
	City, Town, or Village		Separate Street Services (Separate Services Serv				
	State	Country			Zip Code		
6. Site	Land Type						
	Private County	District	Federal	Tribal	Municipal	State	Other
7. Nor	th American Industry Classific	ation System (NA	NCS) Code(s) fo	or the Site (at le	ast 5-digit codes)		
	A. (Primary)			C.			
	B.			D.			

Contact Information		Same as Location Addr
First Name Dane	MI	Last Name Madsen
Title Store director		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email dmadsen@ Vette	erequip.com	
Phone 712-423-1069	Ext	Fax 712-423-3018
Owner and Operator of the Site		
A. Name of Site's Legal Owner		Same as Location Add
Full Name		Date Became Owner (mm/dd/yyyy)
Vetter Equipm	ent	
Owner Type		
Private County District	Federal Tribal	Municipal State Othe
Street Address COLO 14th	Avenue South	
City, Town, or Village Denisor		
State Invice	Country 25A	Zip Code 51442
Email averter @ Vette		
Phone (+13) 263 - 4637	1 - 1	Fax (712) 263-5558
Comments	7	
B. Name of Site's Legal Operator		Same as Location Ad
Full Name		Date Became Operator (mm/dd/yy
See abou	0	
Operator Type	The state of the s	
Private County Distric	t Federal Tribal	Municipal State Othe
Street Address	The state of the s	
City, Town, or Village		
State	Country	Zlp Code
	The second section of the sect	
Email		

wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more

spaces are needed.

A ID Number	TAROO	0502187	OMB# 2050-0024; Expires 05/31/2020
	ited Waste Activities (NC aste Activities	OTE: Refer to your State regulations to	determine if a separate permit is required.)
OY VN	1. Transporter of Haze	ardous Waste—If "Yes", mark all that a	pply.
	a. Transporte	r	
	b. Transfer Fa	acility (at your site)	
DY DN	2. Underground Injec		
OY UN	3. United States Impo	orter of Hazardous Waste	
DYZN	4. Recognized Trader	r—if "Yes", mark all that apply.	
	a. Importer		
	b, Exporter		
DY D	5. Importer/Exporter that apply.	r of Spent Lead-Acid Batteries (SLABs) (under 40 CFR 266 Subpart G—If "Yes", mark al
	a. Importer		
	b. Exporter		
B. Univers	1. Large Quantity Handapply. Note: Refer to y	dier of Universal Waste (you accumula your State regulations to determine wh	te 5,000 kg or more) - If "Yes" mark all that lat is regulated.
	a. Batteries		
	b. Pesticides	Порту невория в на больно по по почина до дни не нево на почина почина на по	
	c. Mercury cont	taining equipment	
	d. Lamps	nace and the street of the transpose and the second of the second and the second of the second and the second of t	
	e. Other (specifi		
	f. Other (specify	γ)	
	g. Other (specifi	(y)	
	2. Destination Facility activity.	ty for Universal Waste Note: A hazardo	us waste permit may be required for this
C. Used O			
TIA NA		er—If "Yes", mark all that apply.	
	a. Transporter		
		ility (at your site)	
DYD	2. Used Oil Processor a	and/or Re-refiner—If "Yes", mark all th	at apply.
	a. Processor		
	b. Re-refiner		
DY W	3. Off-Specification Us	sed Oil Burner	
DY VI	4. Used Oil Fuel Marke	eter—If "Yes", mark all that apply.	
	a. Marketer Wh	ho Directs Shipment of Off-Specification	n Used Oil to Off-Specification Used Oil Burner
	b. Marketer Wh	ho First Claims the Used Oil Meets the	Specifications

EPA ID Numl	ber	AR 000502187 OMB# 2050-0024; Expires 06/31/2020
Eligible Aca	ademic i	intitles with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous CFR 262 Subpart K.
□v I	UN A	on. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous vastes in laboratories—if "Yes", mark all that apply. Note: See the Item-by-Item instructions for definitions of types of eligible academic entities.
	I	1. College or University
	Ì	2. Teaching Hospital that is owned by or has a formal written affillation with a college or university
	I	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
□ _Y	WN	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.
. Episodic (Generat	On .
partitional Partition	NN	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
IDG Cons	enlidatio	n of VSQG Hazardous Waste
П	N N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
B1 - A167 41		QG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
. Nouncau	and the second	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
T IA	NN	A. Central Accumulation Area (CAA) Entire Facility
		B. Expected closure date:mm/dd/yyyy
		C. Requesting new closure date:mm/dd/yyyy
		D. Date closed :mm/dd/yyyy
		1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
		2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(B)
-		
. Notificat	consumer of the Party of Angel	azardous Secondary Material (HSM) Activity
The second secon		A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
	N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not compared to or unable to be compared to a legitimate product or Intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.
7. Electron	ic Manif	est Broker
Y	VN	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

nents (include item number for each comment)		
dification. I certify under penalty of law that this document and all in in accordance with a system designed to assure that qualified poor. ed. Based on my inquiry of the person or persons who manage the e information, the information submitted is, to the best of my know the person of the pe	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- owledge and belief, true, accurate, and complete. I am	
n in accordance with a system designed to assure that qualified po ed. Based on my inquiry of the person or persons who manage the	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- owledge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the einformation, the information submitted is, to the best of my known the einformation submitting faise information at there are significant penalties for submitting faise information violations. Note: For the RCRA Hazardous Waste Part A permit 1.10(b) and 270.11).	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- ewiedge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40) Date (mm/dd/yyyy)	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the einformation, the information submitted is, to the best of my know not there are significant penalties for submitting faise information eviolations. Note: For the RCRA Hazardous Waste Part A permit (10(b) and 270.11). Signature of legal water operators authorized representative	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- owledge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40) Date (mm/dd/yyyy)	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the a information, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit .10(b) and 270.11). Signature of legal water operators authorized representative Printed Name (First, Middle Initial Last)	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- owledge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40) Date (mm/dd/yyyy) Houzo	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the a information, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit10(b) and 270.11). Signature of legal water operator authorized representative Printed Name (First, Middle Initial Last)	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- owledge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40) Date (mm/dd/yyyy)	
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n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the a information, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit 10(b) and 270.11). Signature of legal water operators authorized representative Printed Name (First, Middle Initial Last) General Angular Communication of the RCRA Hazardous Waste Part A permit 10(b) and 270.11).	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- owledge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40) Date (mm/dd/yyyy) Houzo	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the einformation, the information submitted is, to the best of my know hat there are significant penalties for submitting false information violations. Note: For the RCRA Hazardous Waste Part A permit 1.10(b) and 270.11). Signature of legal waver operator of buttorized representative Printed Name (First, Middle Initial Last) Email ONETHER OF SIGNATURE OF	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- owledge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40) Date (mm/dd/yyyy) Horizo Title President	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the einformation, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit 10(b) and 270.11). Signature of legal water operator of authorized representative Printed Name (First, Middle Initial Last) Signature of legal owner, operator or authorized representative	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gath- evaluate and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40 Date (mm/dd/yyyy) Horizo Title President Date (mm/dd/yyyy)	
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n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the enformation, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit 10(b) and 270.11). Signature of legal water operator or authorized representative Printed Name (First, Middle Initial Last) Signature of legal owner, operator or authorized representative Printed Name (First, Middle Initial Last)	ersonnel properly gather and evaluate the Information e system, or those persons directly responsible for gathowledge and belief, true, accurate, and complete. I am , including the possibility of fines and imprisonment for Application, all owners and operators must sign (see 40 Date (mm/dd/yyyy) Worldo Title Date (mm/dd/yyyy) Date (mm/dd/yyyy)	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the einformation, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit10(b) and 270.11). Signature of legal water operator authorized representative Printed Name (First, Middle Initial Last)	Page _ of _	
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the einformation, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit 1.10(b) and 270.11). Signature of legal water operator or authorized representative Printed Name (First, Middle Initial Last) Signature of legal owner, operator or authorized representative Printed Name (First, Middle Initial Last)	Page _ of _	6 202
n in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the enformation, the information submitted is, to the best of my know not there are significant penalties for submitting false information eviolations. Note: For the RCRA Hazardous Waste Part A permit 10(b) and 270.11). Signature of legal water operator or authorized representative Printed Name (First, Middle Initial Last) Signature of legal owner, operator or authorized representative Printed Name (First, Middle Initial Last)	Page of	202
in in accordance with a system designed to assure that qualified pred. Based on my inquiry of the person or persons who manage the enformation, the information submitted is, to the best of my know not there are significant penalties for submitting false information violations. Note: For the RCRA Hazardous Waste Part A permit (10 b) and 270.11). Signature of legal water operator of authorized representative Printed Name (First, Middle Initial Last) Signature of legal owner, operator or authorized representative Printed Name (First, Middle Initial Last)	Page _ of _	<i>202</i>

.





. Reas	on for St	ubmittal (Select only one	e.)							
		Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)								
		Submitting as a compo	nent of the Haz	ardous Waste	Report for	(Reporti	ng Year)			
	Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting (or State equivalent LQG regulations)									
		Notifying that regulated activity is no longer occurring at this Site								
		Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities								
	V	Submitting a new or re	evised Part A Fo	rm						
C'.	EDA 10 -									
. Site	EPA ID N	iumber								
	工人	ARIODO	502	187						
. Site	Name									
							And the same of th			
		etter Equip	ment							
. Site	Location	Address	and the last of th							
	Street	Address 2310	10wa	Avenue	2					
	City, To	own, or Village	wia			County	lonona			
	State	Iowa	Country U	SA		Zip Code	51040			
. Site	Mailing	Address					Same as Loc	ation Addres		
	Street /	Address								
	City, To	own, or Village								
	State	·	Country			Zip Code				
. Site	Land Ty	pe								
	Priv	ate County	District	Federal	Tribal	Municipal	State	Other		
. Nor	th Ameri	can Industry Classificati	ion System (NA	ICS) Code(s) fo	r the Site (at lea	ıst 5-digit codes)				
	A. (Pr	imary)			C.					
	B.				D.					

EPA ID Number TAR	0005	0218	, 7	OMB# 2050-0	024; Expires	05/31/2020			
8. Site Contact Information					Same as Loc	cation Address			
First Name Dane		MI		Last Name	ladser				
Street Address									
City, Town, or Village									
State		Country		Zip Code					
Email donadeer	@ Vetter	equip.co	m						
Phone 712-423-		Ext		Fax 712-	423-6	3018			
9. Legal Owner and Operator of t A. Name of Site's Legal O	he Site			Date Recan	Same as Lo	cation Address			
Full Name	Consideration	m 1		Date becan	ne owner (m	11/ 0.0//////			
Owner Type	Equipme	11-							
Private County	District	Federal	Tribal	Municipal	State	Other			
		tvenue S	0.240						
Cal		tvenue o	00111						
Chaha	Denison	Country 71	SA	Zip Code	1447				
ONIC	r @ Voller	equipaco)				
1	3-4637	Ext (O)	, , ,	Fax (712)	263-	5558			
Comments) 100		4						
B. Name of Site's Legal (Operator					ocation Address			
Full Name	ee above	, //		Date Beca	me Operator	(mm/dd/yyyy)			
Operator Type Private Count	y District	Federal	Tribal	Municipal	State	Other			
Street Address									
City, Town, or Village									
State		Country		Zip Code					
Email									
Phone		Ext		Fax					
Comments									

10. Type of Regulated Waste Activity (at your site)
 Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activitie	
	•

Hazardous Waste Activities 1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c									
VY N	1. Gen								
- Louis			Generates, in any of 1,000 kg/mo (2,200). Generates, in any (2.2 lb/mo) of acute. Generates, in any (220 lb/mo) of acute	lb/mo) or more of calendar month, of the hazardous waste calendar month of the hazardous spill	of non-acute haze or accumulates a e; or or accumulates at cleanup material	ardous waste; or t any time, more the any time, more the	nan 1 kg/mo lan 100 kg/mo		
	Ø	b. SQG 100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.							
	c. VSQG Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.								
If "Yes" abo	ve, Indicat	e other gen	erator activities in 2	2 and 3, as applica	ble.				
Y VN	proces	ses). If "Yes	erator (generates f ", provide an expla	nation in the Com	ments section.	nt and not from or	n-going		
DY VN			azardous and radio						
OY WN	these	activities.	or Disposer of Haza		ote: A hazardous	waste Part B perm	it is required for		
TY VN	5. Rec	eives Hazaro	dous Waste from O	ff-site		100000000000000000000000000000000000000			
TY VIN	6. Rec	ycler of Haza	ardous Waste						
		a. Recycle	r who stores prior t	o recycling					
			r who does not stor						
TY VA	7. Exe	mpt Boiler a	nd/or Industrial Fu	rnace—If "Yes", m	nark all that apply	<i>'</i> .			
		a. Small Q	uantity On-site Bur	ner Exemption					
		b. Smeltin	g, Melting, and Ref	ining Furnace Exe	mption				
B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.									
2001									
wastes har	idled at you	a te Regulat ur site. List t	ed (non-Federal) H them in the order t	azardous Wastes hey are presented	. Please list the w I in the regulation	raste codes of the s ns. Use an addition	State hazardous al page if more		
spaces are	needed.								

YVN	1. Tra	nsporter of Hazardous Waste—If "Yes", mark all that apply.
	\Box	a. Transporter
	Ħ	b. Transfer Facility (at your site)
Ty MN	2. Ur	derground Injection Control
YVN	3. Un	ited States Importer of Hazardous Waste
TY ON	4. Re	cognized Trader—If "Yes", mark all that apply.
		a. Importer
		b. Exporter
JY VN	5. Im	porter/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", markapply.
		a. Importer
		b. Exporter
B. Universal	1. Larg	Activities ge Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that Note: Refer to your State regulations to determine what is regulated.
		a. Batteries
		b. Pesticides
	币	c. Mercury containing equipment
		d. Lamps
		e. Other (specify)
		f. Other (specify)
		g. Other (specify)
OY VN	2. D	estination Facility for Universal Waste Note: A hazardous waste permit may be required for this y.
C. Used Oil	Activitie	
TY VN		ed Oil Transporter—If "Yes", mark all that apply.
	$^{\dagger}\Box$	a. Transporter
	一一	b. Transfer Facility (at your site)
TY ON	2. Use	ed Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
	\vdash \sqcap	a. Processor
	一片	b. Re-refiner
TY WN	3. Off	-Specification Used Oil Burner
YVN	4. Us	ed Oil Fuel Marketer—If "Yes", mark all that apply.
	1	The state of the s
		a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Bu

EPA ID Number

EPA ID Number	TAR000502187 OMB# 2050-0024; Expires 05/31/2020
12. Eligible Academi wastes pursuant to 4	c Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardou O CFR 262 Subpart K.
UY WN	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
	1. College or University
	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
UY VN	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.
13. Episodic Genera	ation
Y WN	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
14 LOG Consolidat	ion of VSQG Hazardous Waste
DA N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
15 Notification of	LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)
Dy N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
	A. Central Accumulation Area (CAA) Entire Facility
	B. Expected closure date:mm/dd/yyyy
	C. Requesting new closure date: mm/dd/yyyy
	D. Date closed: mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)
16. Notification of	Hazardous Secondary Material (HSM) Activity
	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation or site.
17. Electronic Ma	nifest Broker
	1 C 1 An GER SCR 10 Alexhandr up the ERA electronic monifort rue

omments (include item number for each comment)	
Certification I certify under penalty of law that this document and vision in accordance with a system designed to assure that qualified mitted. Based on my inquiry of the person or persons who manage is the information, the information submitted is, to the best of my knie that there are significant penalties for submitting false informationing violations. Note: For the RCRA Hazardous Waste Part A perm 270.10(b) and 270.11).	personnel properly gather and evaluate the information the system, or those persons directly responsible for gonowledge and belief, true, accurate, and complete. I a con, including the possibility of fines and imprisonment
vision in accordance with a system designed to assure that qualified mitted. Based on my inquiry of the person or persons who manage g the information, the information submitted is, to the best of my kare that there are significant penalties for submitting false information wing violations. Note: For the RCRA Hazardous Waste Part A perm	personnel properly gather and evaluate the information the system, or those persons directly responsible for go nowledge and belief, true, accurate, and complete. I a con, including the possibility of fines and imprisonment it Application, all owners and operators must sign (see Date (mm/dd/yyyy))
vision in accordance with a system designed to assure that qualified mitted. Based on my inquiry of the person or persons who manage ig the information, the information submitted is, to the best of my kare that there are significant penalties for submitting false information wing violations. Note: For the RCRA Hazardous Waste Part A perm 270.10(b) and 270.11). Signature of legal water operators at authorized representative waster than the property of the pr	personnel properly gather and evaluate the information the system, or those persons directly responsible for gonowledge and belief, true, accurate, and complete. I also on, including the possibility of fines and imprisonment it Application, all owners and operators must sign (see
vision in accordance with a system designed to assure that qualified mitted. Based on my inquiry of the person or persons who manage ig the information, the information submitted is, to the best of my knie that there are significant penalties for submitting false information wing violations. Note: For the RCRA Hazardous Waste Part A perm 270.10(b) and 270.11). Signature of legal woner operators by both orized representative Printed Name (First, Middle Initial Last)	personnel properly gather and evaluate the information the system, or those persons directly responsible for gather and belief, true, accurate, and complete. I also on, including the possibility of fines and imprisonment it Application, all owners and operators must sign (see
wision in accordance with a system designed to assure that qualified mitted. Based on my inquiry of the person or persons who manage ig the information, the information submitted is, to the best of my knine that there are significant penalties for submitting false information wing violations. Note: For the RCRA Hazardous Waste Part A perm 270.10(b) and 270.11). Signature of legal where operators at authorized representative Printed Name (First, Middle Initial Last)	personnel properly gather and evaluate the information the system, or those persons directly responsible for gonowledge and belief, true, accurate, and complete. I also on, including the possibility of fines and imprisonment it Application, all owners and operators must sign (see
wision in accordance with a system designed to assure that qualified mitted. Based on my inquiry of the person or persons who manage ig the information, the information submitted is, to the best of my kare that there are significant penalties for submitting false information wing violations. Note: For the RCRA Hazardous Waste Part A perm 270.10(b) and 270.11). Signature of legal waner operator of authorized representative Printed Name (First, Middle Initial Last) Email	personnel properly gather and evaluate the information the system, or those persons directly responsible for gonowledge and belief, true, accurate, and complete. I also on, including the possibility of fines and imprisonment it Application, all owners and operators must sign (see Date (mm/dd/yyyy)
wision in accordance with a system designed to assure that qualified mitted. Based on my inquiry of the person or persons who manage ig the information, the information submitted is, to the best of my knine that there are significant penalties for submitting false information wing violations. Note: For the RCRA Hazardous Waste Part A perm 270.10(b) and 270.11). Signature of legal where operators at authorized representative Printed Name (First, Middle Initial Last)	personnel properly gather and evaluate the information the system, or those persons directly responsible for go nowledge and belief, true, accurate, and complete. I a con, including the possibility of fines and imprisonment ait Application, all owners and operators must sign (see Pate (mm/dd/yyyy) Holzo Title President

Thomas, Colleen

From:

Christina Renze <denison@vetterequip.com>

Sent:

Wednesday, April 1, 2020 11:54 AM

To:

Thomas, Colleen

Subject:

EPA Update Onawa

Attachments:

EPA - Onawa.pdf

Please see attached and let me know if you have any questions.

Thanks,

Christina Renze, Office Manager

Vetter Equipment Company | 610 14th Ave S; P.O. Box 249 | Denison, IA 51442

Ph: 712-263-4637 | Fax: 712-263-5558 | www.vetterequip.com

MAY 1 2 2020

ECAD/CHEMICAL

OMB# 2050-0024; Expires 05/31/2020



on for Su	ıbmittal (Select only on	e.)							
	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)								
	Submitting as a component of the Hazardous Waste Report for (Reporting Year)								
	Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)								
	Notifying that regulated activity is no longer occurring at this Site								
	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities								
V	Submitting a new or re	evised Part A Fo	orm						
PA ID N	umber	502	187						
lame									
Vetter Emiloment									
	,								
	2()(()	10wa	Avenu						
City, To	wn, or Village	wa			County	lonono			
State	Iona	Country 1	ISA		Zip Code c	51040)		
Mailing A	Address				<u> </u>	Same as Lo	ocation Address		
Street A	ddress								
City, To	wn, or Village			THE THE POST OF THE PARTY OF TH	***************************************				
State		Country			Zip Code				
and Typ									
Priva	te County	District	Federal	Tribal	Municipal	State	Other		
n Americ	can Industry Classificati	on System (NA	ICS) Code(s) fo	r the Site (at I	east 5-digit codes)				
A. (Prir	mary)			C.					
В.				D.					
	PA ID N Iame Ocation Street A City, To State Aailing A City, To State A City, To A Merica A (Prince)	Obtaining or updating time. (Includes HSM actions.) Submitting as a composite waste, or > 10 (or State equivalent of the content of the cont	time. (Includes HSM activity) Submitting as a component of the Hall Site was a TSD facility and/o waste, or > 100 kg of acute of (or State equivalent LQG regions) Notifying that regulated activity is not obtaining or updating an EPA ID number ocation Address PA ID Number A R O O S O 2 Iame Vetter Scholer prentocation Address Street Address City, Town, or Village State Towo Country Aailing Address City, Town, or Village State Country and Type Private County District American Industry Classification System (NAA) A. (Primary)	Obtaining or updating an EPA ID number for an onegtime. (Includes HSM activity) Submitting as a component of the Hazardous Waste Site was a TSD facility and/or generator of waste, or > 100 kg of acute hazardous waste (or State equivalent LQG regulations) Notifying that regulated activity is no longer occurring Obtaining or updating an EPA ID number for conduct Submitting a new or revised Part A Form PA ID Number HAROOSOSUMA AVENUATION OF VIII A RESIDENT OF	Obtaining or updating an EPA ID number for an on-going regulated time. (Includes HSM activity) Submitting as a component of the Hazardous Waste Report for	Obtaining or updating an EPA ID number for an on-going regulated activity that will citime. (includes HSM activity) Submitting as a component of the Hazardous Waste Report for	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a time. (Includes HSM activity) Submitting as a component of the Hazardous Waste Report for		

Number TAR0005	02187	OMB# 2050-0024; Expires 05/31/2020		
Contact Information		Same as Location Address		
First Name Dane	MI	Last Name Madsen		
Title Store director	-			
Street Address				
City, Town, or Village				
State	Country	Zip Code		
Email dmadsen@ Vette	ceanio.com			
Phone 712-423-1069	Ext	Fax 712-423-3018		
A. Name of Site's Legal Owner Full Name		Same as Location Address Date Became Owner (mm/dd/yyyy)		
Owner Type		Municipal State Other		
Private County District		Municipal State Other		
	Avenue South			
City, Town, or Village Denison				
State	Country USA	Zip Code 51442		
Email quetter @ Vette	1 1			
Phone (+13) 263-4637	Ext 101	Fax (712) 263-5558		
Comments	7			
B. Name of Site's Legal Operator		Same as Location Addres		
Full Name	e	Date Became Operator (mm/dd/yyyy)		
Operator Type Private County Distric		Municipal State Other		
Street Address	C Lifedelai Liftinai			
City, Town, or Village				
	Country	7in Code		
State	Country	Zip Code		
l = "				
Phone Phone	Ext	Fax		

EPA ID Nu	mber I	4 R	00	0502187 OMB# 2050-0024; E	xpires 05/31/2020		
10. Type Mark	of Regulated "Yes" or "No	Waste A ' for all c	ctivity (at your current action	your site) ivities (as of the date submitting the form); complete any additional	boxes as instructed.		
А	۱. Hazardous ۱	Naste A	ctivities				
F	N UN	1. Gen	lazardous Waste—If "Yes", mark only one of the following—a, b, c				
	a. LQG			-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/m (220 lb/mo) of acute hazardous spill cleanup material.			
	b. sQG			100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no mo 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any a hazardous spill cleanup material.			
	c. VSQG			Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.			
If "Yes" above, indicate other ger			e other ger	nerator activities in 2 and 3, as applicable.			
Ī	Y N 2. Short-Term Ge processes). If "Ye			enerator (generates from a short-term or one-time event and not froes", provide an explanation in the Comments section.	om on-going		
Ī	Y N	3. Mix	ed Waste (hazardous and radioactive) Generator			
Ī	Y N 4. Treater, Store these activities.			r or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for			
Ī	N NN	5. Rec	eives Hazaı	rdous Waste from Off-site			
	TY VIN	6. Recy	cler of Haz	zardous Waste			
ľ			a. Recycle	er who stores prior to recycling			
•		Ħ	b. Recycle	er who does not store prior to recycling			

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.

b. Smelting, Melting, and Refining Furnace Exemption

a. Small Quantity On-site Burner Exemption

D001			

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number	I	A	R 0 0 0 5 0 2 1 8 7 OMB# 2050-0024; Expires 05/31/2020
1. Additional Reg	gulated	d Wa e Act	ste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)
			insporter of Hazardous Waste—If "Yes", mark all that apply.
		П	a. Transporter
		一	b. Transfer Facility (at your site)
	N	2. U	nderground Injection Control
TY V	N	3. U	nited States Importer of Hazardous Waste
	N	4. R	ecognized Trader—If "Yes", mark all that apply.
			a. Importer
			b. Exporter
□Y ✓	ľN	5. In that	nporter/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all apply.
			a. Importer
			b. Exporter
B. Unive	ersal W	/aste	Activities
			ge Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that Note: Refer to your State regulations to determine what is regulated.
	- 8	ірріу.	a. Batteries
		븜	
		片	b. Pesticides
		H	c. Mercury containing equipment
		H	d. Lamps
		井	e. Other (specify)
		H	f. Other (specify)
	7N T:	<u> </u>	g. Other (specify)estination Facility for Universal Waste Note: A hazardous waste permit may be required for this
		activi	
C. Used	Oil Ac	tiviti	es
YV	INT	1. Us	ed Oil Transporter—If "Yes", mark all that apply.
		П	a. Transporter
		百	b. Transfer Facility (at your site)
□ Y €	ZN	2. Us	ed Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
			a. Processor
			b. Re-refiner
YV	ZN	3. Of	-Specification Used Oil Burner
Y	N	4. Us	ed Oil Fuel Marketer—If "Yes", mark all that apply.
			a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
			h Marketer Who Eirst Claims the Head Oil Meets the Considerations

2. Eligik	ble Academi oursuant to 4	c Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardou 10 CFR 262 Subpart K.			
		A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the Item-by-Item instructions for definitions of types of eligible academic entities.			
Ī		1. College or University			
T		2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university			
f		3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-			
Ī	NY WN	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.			
3. Fnis	sodic Genera	ation			
	Y WN	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.			
4.100	G Consolidat	cion of VSQG Hazardous Waste			
	OY \\ \	Description of the Company of the Co			
5. No	tification of	LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)			
	NY N				
		A. Central Accumulation Area (CAA)			
		B. Expected closure date:mm/dd/yyyy			
	C. Requesting new closure date: mm/dd/yyyy				
		D. Date closed: mm/dd/yyyy 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)			
.6. No	tification of	Hazardous Secondary Material (HSM) Activity			
		A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.			
		B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation or site.			
17. Ele	ectronic Mai	nifest Broker			
		Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?			

AR000502187

EPA ID Number

OMB# 2050-0024; Expires 05/31/2020

PAID Number <u>TAROO050218</u>	OMB# 2050-0024; Expires 05/31/2020
Comments (include item number for each comment)	
Certification certify under penalty of law that this document and all	attachments were prepared under my direction or su
rvision in accordance with a system designed to assure that qualified pe bmitted. Based on my inquiry of the person or persons who manage the ng the information, the information submitted is, to the best of my kno	ersonnel properly gather and evaluate the information e system, or those persons directly responsible for gate
vare that there are significant penalties for submitting false information,	including the possibility of fines and imprisonment for
owing violations. Note: For the RCRA Hazardous Waste Part A permit A R 270.10(b) and 270.11).	Application, all owners and operators must sign (see
Signature of legal kwyner, operator of fortigen representative	Date (mm/dd/yyyy)
Lew Juli	4/01/20
Printed Name (First, Middle Initial Last) Glen A Vetter	Title
Email a vetter @ vetter equip. com	Yresiden+
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

18.